



City of Dublin

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CITY OF DUBLIN
PLANNING

Administrative Review Team | June 2012

Case # 13 - 066 ARB-MPR

APPLICATION FOR DEVELOPMENT

I. PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attach additional sheets if necessary.

PLEASE CHECK THE TYPE OF REVIEW

- ☐ West Innovation Districts
(Zoning Code Sections 153.037 - 153.043)
☒ Bridge Street Corridor Districts
(Zoning Code Sections 153.057- 153.066)
☐ Wireless Communication Facility (Chapter 99)

PLEASE CHECK THE APPLICATION TYPE

- ☐ Basic Plan Review ☐ Minor Project
☐ Development Plan Review ☐ Site Plan Review

☐ Waiver Review ☐ Master Sign Plan
☐ Open Space Fee-in-Lieu ☐ Parking Plan
☐ City Council Appeal ☐ Administrative
Departure

Wireless Applications

- ☐ New Tower ☐ Co-Location
☐ Alternative Structure ☐ Temporary

The following applications require review and decision by the **Planning and Zoning Commission, Board of Zoning Appeals, or Architectural Review Board**, but may be submitted concurrently with another application.

Check any that apply:

- ☐ Conditional Use ☐ Rezoning
☐ Administrative Appeal
☐ Project involving modifications to property within the Architectural Review District
☐ Other: _____

SUBMISSION REQUIREMENTS

- ☐ **Fee** (refer to the approved fees list)
☐ **Electronic Copies** of all application materials (PDF, JPEG, Word, etc. as appropriate)
☐ **Submission Requirements** for each type of application (refer to checklists)
☐ **Legal Description and/or Property Survey** for the subject property

Property Address(es):

36 N. High St

Tax ID/Parcel Number(s):

273-000099-00

Parcel Size(s) in Acres:

.24

Existing Land Use/Development:

Commercial

Zoning District:

BSC-HC

☐ Check this box if any **Administrative Departures** are requested and attach an Administrative Departure request form.

☐ Check this box if any **Waivers** are requested as part of the application for development and attach a Waiver Request form.

II. PROPERTY OWNER INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional pages if there are multiple property owners.

Name (Individual or Organization):

JOHN & MICHELE BUSH

Mailing Address:

5303 ERIN ISLES CT.
DUBLIN, OHIO 43017

Daytime Telephone:

614-679-4193

Fax:

Email or Alternate Contact Information:

614-778-7371

Date of Acceptance:

Next Decision Due Date:

Final Date of Decision:

Determination:

Director's (or Designee's) Signature:

For questions or more information, please contact Land Use and Long Range Planning at (614) 410-4600 | www.dublin.oh.us

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(Individual or Organization)

Mailing Address:

Daytime Telephone:

Fax:

Email or Alternate Contact Information:

Name: _____

(Individual or Organization)

Mailing Address:

Daytime Telephone:

Fax:

Email or Alternate Contact Information:

7. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): Complete if applicable.

I, _____, the owner, hereby authorize _____
to act as a **representative(s)** in all matters pertaining to the processing and approval of this application, including modifying the application. I agree
to be bound by all representations and agreements made by the designated representative.

Signature of Current Property Owner:

Date :

☐ Check this box if the original Authorization for Owner's Applicant(s)/Representative(s) is attached as a separate document.

AUTHORIZATION TO VISIT THE PROPERTY Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to enter, photograph and post a notice on the property described in this application. This is optional, but recommended.

I, RUCHELE BOSSIT, the owner or authorized representative, hereby authorize City representatives to enter, photograph and/or post a notice on the property described in this application.

Signature of Owner or Authorized Representative:

Date: _____

III. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, MICHAEL BUSH, the **owner** or **authorized representative**, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted, is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Current Property Owner or Authorized Representative:

Date:

Subscribed and sworn to before me this 20 day of June, 2015

State of Ohio

County of Franklin

For questions or more information, please contact Land Use and Long Range Planning at 4500 My Commission Expires

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ANNA REYES
Notary Public, State of Ohio
My Commission Expires
February 09, 2016



0 60 120 Feet



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HARBOR YOGA SIGN

Project description: Hanging sign for business in window from the inside
Number of signs: 1 Window Sign
Sign Area: 20"x20" on white background.
Window Area: Two windows measuring 9' x 5.5', each
Sign Design: Three colors including white background
Anchor (symbol) in light/dark blue 7" tall, 3" wide.
"HARBOR" written in black in Copperplate Gothic Bold 2.5" tall, 16" wide.
"Yoga Studio" in black in Century Gothic Regular 2" tall, 16" wide.
Attachment: Hung with two rubber suction cups to inside window.

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